

Expanding Access to Treatment

2013 Complementary Activities

Promote adoption of T3 (Test. Treat. Track.)

vii. Collaborate with partners to identify and share experiences and challenges implementing WHO severe malaria treatment recommendations, **IV and rectal artesunate** and bottlenecks such as pre-qualification of rectal artesunate.

Promoting iCCM approach where health facilities are not available

i. Work with partners to define what **policy environment** information is needed and would be useful, and engage with WHO, UNICEF and the global iCCM Task Force in efforts to harmonise information and its collection.

ii. **Engage in dialogue with** the Global Fund, World Bank, PMI and other major **funders** to advocate for new integrated funding mechanism.

Expanding Access to Treatment

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Next Steps:

1. Complete FAQs with feedback from key stakeholders and link to RBM and WHO website and toolkits.
2. Link to UNIAID's related work in both areas.
3. Create a resource one-pager with key links and documents including to the video, job aid, etc. and disseminate widely.

Expanding Access to Treatment

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Next Steps:

Create a policy package/briefing, with a malaria lens, that addresses the importance of the use of **RDTs** within iCCM and includes key messages about **severe malaria** guidance and **referrals**, and non-malarial fevers. Emphasizing the critical links to HFs and supervision for success.

Collaborate with Diagnosis Workstream and PSM WG.

Expanding Access to Treatment

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Next Steps:

Highlight how iCCM is currently funded and facilitate/promote joint planning between NMCP and MOH IMCI/Child Health programs

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*1.3 Develop **case studies**, but rather than develop standard case studies based on capitalization of advanced implementation, run a country level, **multi-partner workshop to address iCCM and related program and funding bottlenecks and barriers** in bridging the gap between policy and practice that would not only catalyze scale-up, but also overall partner coordination and communication. Select from the highest burden/ lowest access countries that reflect defined contextual environments such as **DRC, Malawi, Niger, Mozambique, or Nigeria.***

Expanding Access to Treatment - **HOMEWORK**

UNICEF

Qualitative study to identify solutions to local barriers to care-seeking and treatment for diarrhoea, malaria and pneumonia in select high burden countries

Report on findings from **Kenya**
(1 of 3 country reports)

Also for **Niger, Nigeria**

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Next Steps:

-Identify existing/upcoming meetings where NMCP and partners will already be convening and contribute (i.e. MIM) and prepare iCCM specific sessions and/or relevant resource materials in response to NMCP and country specific needs/questions.